

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 13, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Office Gentlemen's Club, 640 West Prospector requesting that Amanda Percival be approved as the manager of the class C liquor license.

Background information on the applicant is as follows:


Amanda Percival was born in Hastings, Nebraska. She attended Southeast High School graduating in 1999.

Amanda Percival employment history is as follows:

2005 - Present	Manager, The Office	Lincoln, NE.
2004 - 2005	Corrections Officer, State of NE.	Lincoln, NE.
2002 - 2005	Driver, Brandt Excavating	Lincoln, NE.
1998 - 2002	Husker Car Wash	Lincoln, NE.

Ms. Percival is scheduled to attend RHC training on 3-13-08.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: AMANDA L PERCIVAL , Female, DOB:

Date of listing: 02-07-2008

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 11-18-2006	for (M)LIQUOR-RETAIL SALE/OPEN CONTAINER AFTER H	Case A6-125206
Disposed 05-08-2007	as (M)LIQUOR-RETAIL SALE/OPEN CONTAINER AFTER H	Cit# LB059284
FOUND GUILTY Fined \$25.00		

*** END OF LISTING ***

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporate manager, including their spouse, are required to adhere to the following requirements:

NEBRASKA LIQUOR
CONTROL COMMISSION

Office Use

RECEIVED

JAN 25 2008

Corporation/LLC Information

Name of Corporation/LLC: Ultrab Diversified

Premise Information

Premise License Number: 75950
 Premise Trade Name/DBA: The Office Gentlemen's Club
 Premise Street Address: 1040 W. PROSPECTOR CT. SUITE 200
 City: LIVCDUN State: NE Zip Code: 68522
 Premise Phone Number: 402-477-2800

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Percival First Name: Amanda MI: L

Home Address (include PO Box if applicable): 4021 Spruce St.

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 890-4974 Business Phone Number: 477-2800

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Hastings, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln, NE		1986 PRESENT			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004 2005	State of NE Dept. of Corrections	Lt. Burkley	471-3161
2001 2003	Brandt Excavating	Sean Burkland	474-4113

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO If yes, please explain below or attach a separate page.

I plead guilty to open container. I have had spreading ticks. The open container was in April of 2007 in Lincoln NE

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES ☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§§3-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

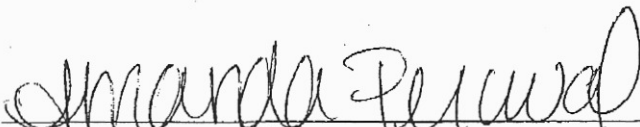
FINGERPRINTS ENCLOSED

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant

Signature of Spouse

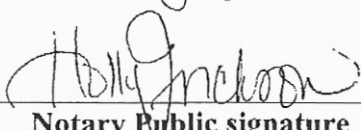
State of Nebraska

County of LANCASTER

County of _____

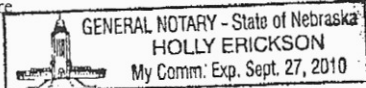
The foregoing instrument was acknowledged before me this 25th day of January, 2008 by

The foregoing instrument was acknowledged before me this _____ by


Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

attn: Jeri

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

126—

CHILD—NAME 1. Amanda Lee Percival			SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a.	HOUR 3b. 4:34A M
HOSPITAL—NAME (If not in hospital, give street and number) 4a. Mary Lanning Memorial Hospital			INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Hastings, Nebraska	COUNTY OF BIRTH 4d. Adams
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) Kevin K. Wycoff, M.D.			DATE SIGNED (Month, Day, Year) 5b. August 26, 1981	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER—NAME AND TITLE (Type or print) 6a. Kevin K. Wycoff, M.D.			MAILING ADDRESS 6b. 1021 W. 14th St. Hastings, Nebraska 68901	DATE RECEIVED BY REGISTRAR MONTH DAY YEAR 7b. SEP 3 1981	
REGISTRAR—SIGNATURE 7a. Connie Hartman, Deputy			AGE (At time of this birth) 8b. 24	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Pawnee City, Nebraska	
MOTHER—MAIDEN NAME 8a. Laurie Ann Petrashek			INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 303 S. Elm	
RESIDENCE—STATE 9a. Nebraska	COUNTY 9b. Adams	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Hastings, 68901	MOTHER'S MAILING ADDRESS—Enter if not same as residence		
FATHER—NAME 11a. James Randall Percival			AGE (At time of this birth) 11b. 26	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Pawnee City, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant) 12a. Laurie A. Percival			RELATION TO CHILD 12b. Mother		

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Freda Heis
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA Issued September 10, 1981



Alex Izbicki
Metro Diversified, Inc
6649 Colbath Avenue.
Valley Glen, CA 91405
Direct Line: (818)613-0177
Fax: (818)989-1010
Email: velaone@aol.com

RECEIVED

JAN 25 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

To the Nebraska Liquor Commission:

1/24/08

I, Alex Izbicki, give Amanda Percival, the authority to be the manager of the liquor license pertaining to Metro Diversified Inc./The Office Gentlemen's Club located at 640 W. Prospector Ct. Lincoln NE, 68522.

If you have any questions, please call me at (818)613-0177

Sincerely,

Alex Izbicki
Owner
The Office Gentlemen's Club